

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesCHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

ADDRESS (number and street)

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

☐Check if different
than previously
reported. (ACC)

CHARLOTTE

NC

28203

2861

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00423871

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☒July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mary Ann Rouse

Signature of Treasurer

Electronically Filed by Mary Ann Rouse

Date

07

16

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		52983.36
(b) Cash on Hand at Beginning of Reporting Period	52983.36	
(c) Total Receipts (from Line 19)	28422.50	28422.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	81405.86	81405.86
7. Total Disbursements (from Line 31)	2004.33	2004.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	79401.53	79401.53
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	18463.59	18463.59
(i) Itemized (use Schedule A)	9879.94	9879.94
(ii) Unitemized	28343.53	28343.53
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	28343.53	28343.53
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	4.33	4.33
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	74.64	74.64
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28422.50	28422.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28422.50	28422.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		4.33	4.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		4.33	4.33
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		2000.00	2000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		2004.33	2004.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		2004.33	2004.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28343.53	28343.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28343.53	28343.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4.33	4.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	4.33	4.33
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A. Full Name (Last, First, Middle Initial) Stephen Burr		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 203 Eslynn Road		Transaction ID: SA11A1.4957	
City Mount Holly	State NC	Zip Code 28120	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Payroll Deduction \$41.67 monthly	
Name of Employer Carolinas HealthCare System	Occupation Administrator	Aggregate Year-to-Date ▼ 208.35	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Stephen Burr		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 203 Eslynn Road		Transaction ID: SA11A1.5019	
City Mount Holly	State NC	Zip Code 28120	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Payroll Deduction \$41.67 monthly	
Name of Employer Carolinas HealthCare System	Occupation Administrator	Aggregate Year-to-Date ▼ 250.02	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Stephen Burr		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 203 Eslynn Road		Transaction ID: SA11A1.5081	
City Mount Holly	State NC	Zip Code 28120	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		Payroll Deduction \$41.67 monthly	
Name of Employer Carolinas HealthCare System	Occupation Administrator	Aggregate Year-to-Date ▼ 291.69	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A. Full Name (Last, First, Middle Initial) Jack Chamblee Mailing Address PO Box 550934 City State Zip Code Gastonia NC 28055-0934 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 Transaction ID: SA11A1.5123 Amount of Each Receipt this Period 30.00 Payroll Deduction \$30 monthly
B. Full Name (Last, First, Middle Initial) Marsha Ford Mailing Address 6836 Alexander Road City State Zip Code Charlotte NC 28270 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Physician Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4863 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
C. Full Name (Last, First, Middle Initial) Marsha Ford Mailing Address 6836 Alexander Road City State Zip Code Charlotte NC 28270 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Physician Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Transaction ID: SA11A1.4925 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)

196.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A. Full Name (Last, First, Middle Initial) Marsha Ford		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 6836 Alexander Road		Transaction ID: SA11A1.4990	
City Charlotte	State NC	Zip Code 28270	Amount of Each Receipt this Period 83.34
FEC ID number of contributing federal political committee. C		Payroll Deduction \$83.34 monthly	
Name of Employer Carolinas HealthCare System	Occupation Physician		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70		

B. Full Name (Last, First, Middle Initial) Marsha Ford		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 6836 Alexander Road		Transaction ID: SA11A1.5050	
City Charlotte	State NC	Zip Code 28270	Amount of Each Receipt this Period 83.34
FEC ID number of contributing federal political committee. C		Payroll Deduction \$83.34 monthly	
Name of Employer Carolinas HealthCare System	Occupation Physician		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04		

C. Full Name (Last, First, Middle Initial) Marsha Ford		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 6836 Alexander Road		Transaction ID: SA11A1.5112	
City Charlotte	State NC	Zip Code 28270	Amount of Each Receipt this Period 83.34
FEC ID number of contributing federal political committee. C		Payroll Deduction \$83.34 monthly	
Name of Employer Carolinas HealthCare System	Occupation Physician		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38		

SUBTOTAL of Receipts This Page (optional)

250.02

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A. Full Name (Last, First, Middle Initial) Paul Franz		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 1320 FILLMORE AVENUE #413		Transaction ID: SA11A1.4650
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.67
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$416.67 monthly
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.67	

B. Full Name (Last, First, Middle Initial) Paul Franz		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 1320 FILLMORE AVENUE #413		Transaction ID: SA11A1.4762
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.67
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$416.67 monthly
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	

C. Full Name (Last, First, Middle Initial) Paul Franz		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1320 FILLMORE AVENUE #413		Transaction ID: SA11A1.4822
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.67
Name of Employer Carolinas HealthCare System	Occupation Administrator	Payroll Deduction \$416.67 monthly
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.01	

SUBTOTAL of Receipts This Page (optional)

1250.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 35

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) Paul Franz Mailing Address 1320 Fillmore Ave #413 City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Healthcare Administration Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.67		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Transaction ID: SA11A1.4884 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
B. Full Name (Last, First, Middle Initial) Paul Franz Mailing Address 1320 Fillmore Ave #413 City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Healthcare Administration Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.34		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4947 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
C. Full Name (Last, First, Middle Initial) Paul Franz Mailing Address 1320 Fillmore Ave #413 City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Healthcare Administration Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.01		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.5009 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)

1250.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) Paul Franz Mailing Address 1320 Fillmore Ave #413 City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Healthcare Administration Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.68		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 Transaction ID: SA11A1.5071 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
B. Full Name (Last, First, Middle Initial) Suzanne Freeman Mailing Address 8221 Buena Vista Drive City State Zip Code Denver NC 28037 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.34		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4811 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
C. Full Name (Last, First, Middle Initial) Suzanne Freeman Mailing Address 8221 Buena Vista Drive City State Zip Code Denver NC 28037 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.01		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4871 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)

750.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A. Suzanne Freeman

Mailing Address 8221 Buena Vista Ln

City State Zip Code
Denver NC 28037

FEC ID number of contributing federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Senior VP - CHS

Receipt For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4997

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

B. Suzanne Freeman

Mailing Address 8221 Buena Vista Ln

City State Zip Code
Denver NC 28037

FEC ID number of contributing federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Senior VP - CHS

Receipt For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.5057

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

C. Suzanne Freeman

Mailing Address 8221 Buena Vista Ln

City State Zip Code
Denver NC 28037

FEC ID number of contributing federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Senior VP - CHS

Receipt For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.5119

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

SUBTOTAL of Receipts This Page (optional)

500.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) Greg Gombar		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 4625 Cotton Creek Drive		Transaction ID: SA11A1.4705	
City State Zip Code Charlotte NC 28226		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$400 monthly	
Name of Employer Carolinas HealthCare System		Occupation Administrator	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Greg Gombar		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address 4625 Cotton Creek Drive		Transaction ID: SA11A1.4789	
City State Zip Code Charlotte NC 28226		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$400 monthly	
Name of Employer Carolinas HealthCare System		Occupation Administrator	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

C. Full Name (Last, First, Middle Initial) Greg Gombar		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address 4625 Cotton Creek Drive		Transaction ID: SA11A1.4849	
City State Zip Code Charlotte NC 28226		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$400 monthly	
Name of Employer Carolinas HealthCare System		Occupation Administrator	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) Greg Gombar		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address 4625 Cotton Creek Drive		Transaction ID: SA11A1.4911	
City Charlotte	State NC	Zip Code 28226	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$400 monthly	
Name of Employer Carolinas HealthCare System	Occupation Hospital Administration		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Greg Gombar		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 4625 Cotton Creek Drive		Transaction ID: SA11A1.4974	
City Charlotte	State NC	Zip Code 28226	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$400 monthly	
Name of Employer Carolinas HealthCare System	Occupation Hospital Administration		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

C. Full Name (Last, First, Middle Initial) Greg Gombar		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 4625 Cotton Creek Drive		Transaction ID: SA11A1.5036	
City Charlotte	State NC	Zip Code 28226	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$400 monthly	
Name of Employer Carolinas HealthCare System	Occupation Hospital Administration		
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) Greg Gombar		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 4625 Cotton Creek Drive		Transaction ID: SA11A1.5098
City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$400 monthly	
Name of Employer Carolinas HealthCare System	Occupation Hospital Administration	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

B. Full Name (Last, First, Middle Initial) Russell Guerin		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 3324 Meadow Bluff Drive		Transaction ID: SA11A1.4781
City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly	
Name of Employer Carolinas HealthCare System	Occupation Administrator	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	

C. Full Name (Last, First, Middle Initial) Russell Guerin		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 3324 Meadow Bluff Drive		Transaction ID: SA11A1.4841
City State Zip Code Charlotte NC 28226	Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C	Payroll Deduction \$166.67 monthly	
Name of Employer Carolinas HealthCare System	Occupation Administrator	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01	

SUBTOTAL of Receipts This Page (optional)

733.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) Russell C Guerin Mailing Address 3324 Meadow Bluff Dr. City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Sr. Vice Pres. Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.34			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4966 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
B. Full Name (Last, First, Middle Initial) Russell C Guerin Mailing Address 3324 Meadow Bluff Dr. City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Sr. Vice Pres. Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.01			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.5028 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
C. Full Name (Last, First, Middle Initial) Russell C Guerin Mailing Address 3324 Meadow Bluff Dr. City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Sr. Vice Pres. Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.68			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 Transaction ID: SA11A1.5090 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)

500.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

John Knox, III

Mailing Address 6530 Boykin Spaniel Road

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Administrator

Receipt For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4989

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

B.

Full Name (Last, First, Middle Initial)

John Knox, III

Mailing Address 6530 Boykin Spaniel Road

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Administrator

Receipt For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.5049

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

C.

Full Name (Last, First, Middle Initial)

John Knox, III

Mailing Address 6530 Boykin Spaniel Road

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Administrator

Receipt For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.5111

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A. Full Name (Last, First, Middle Initial) Eric Lavonas, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 507 Moncure Drive		Transaction ID: SA11A1.4978
City Charlotte	State NC	Zip Code 28209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer Carolinas HealthCare System	Occupation Physician	Payroll Deduction \$41.67 monthly
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

B. Full Name (Last, First, Middle Initial) Eric Lavonas, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 507 Moncure Drive		Transaction ID: SA11A1.5040
City Charlotte	State NC	Zip Code 28209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer Carolinas HealthCare System	Occupation Physician	Payroll Deduction \$41.67 monthly
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

C. Full Name (Last, First, Middle Initial) Eric Lavonas, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 507 Moncure Drive		Transaction ID: SA11A1.5102
City Charlotte	State NC	Zip Code 28209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer Carolinas HealthCare System	Occupation Physician	Payroll Deduction \$41.67 monthly
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) James Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address 458 Beaten Path Road		Transaction ID: SA11A1.4848	
City Mooresville	State NC	Zip Code 28117	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$100 monthly	
Name of Employer Carolinas HealthCare System	Occupation Administrator	Aggregate Year-to-Date ▼ 300.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) James G Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 458 Beateu Path		Transaction ID: SA11A1.5035	
City Mooresville	State NC	Zip Code 28117	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$100 monthly	
Name of Employer Carolinas HealthCare System	Occupation Vice President Government Relations	Aggregate Year-to-Date ▼ 300.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) James G Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 458 Beateu Path		Transaction ID: SA11A1.5097	
City Mooresville	State NC	Zip Code 28117	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$100 monthly	
Name of Employer Carolinas HealthCare System	Occupation Vice President Government Relations	Aggregate Year-to-Date ▼ 400.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) Martha Ann McConnell Mailing Address 3617 Charolais Lane City State Zip Code Harrisburg NC 28075 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7 Transaction ID: SA11A1.4694 Amount of Each Receipt this Period 500.00 Payroll Deduction \$500 monthly
B. Full Name (Last, First, Middle Initial) James McDeavitt Mailing Address 826 Berkeley Avenue City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.34		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4812 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
C. Full Name (Last, First, Middle Initial) James McDeavitt Mailing Address 826 Berkeley Avenue City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.01		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4872 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)

833.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) James McDeavitt		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address 826 Berkeley Avenue		Transaction ID: SA11A1.4933	
City State Zip Code Charlotte NC 28203		Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$166.67 monthly	
Name of Employer Carolinas HealthCare System		Occupation Administrator	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.68	

B. Full Name (Last, First, Middle Initial) James McDeavitt		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 826 Berkeley Avenue		Transaction ID: SA11A1.4998	
City State Zip Code Charlotte NC 28203		Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$166.67 monthly	
Name of Employer Carolinas HealthCare System		Occupation Administrator	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 833.35	

C. Full Name (Last, First, Middle Initial) James McDeavitt		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 826 Berkeley Avenue		Transaction ID: SA11A1.5058	
City State Zip Code Charlotte NC 28203		Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$166.67 monthly	
Name of Employer Carolinas HealthCare System		Occupation Administrator	
Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.02	

SUBTOTAL of Receipts This Page (optional)

500.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) James McDeavitt Mailing Address 826 Berkeley Avenue City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1166.69		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 Transaction ID: SA11A1.5120 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
B. Full Name (Last, First, Middle Initial) Russell Moore, Jr. Mailing Address 15731 Pine Street City State Zip Code Huntersville NC 28078 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.35		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4948 Amount of Each Receipt this Period 41.67 Payroll Deduction \$41.67 monthly
C. Full Name (Last, First, Middle Initial) Russell Moore, Jr. Mailing Address 15731 Pine Street City State Zip Code Huntersville NC 28078 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.5010 Amount of Each Receipt this Period 41.67 Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)

250.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial)
 Russell Moore, Jr.
 Mailing Address 15731 Pine Street

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 Administrator

Receipt For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 291.69

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.5072

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
 monthly

B. Full Name (Last, First, Middle Initial)
 F Murphy, Jr.
 Mailing Address 2824 Winding Oak Drive

City State Zip Code
 Charlotte NC 28270

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 Administrator

Receipt For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4963

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
 monthly

C. Full Name (Last, First, Middle Initial)
 F Murphy, Jr.
 Mailing Address 2824 Winding Oak Drive

City State Zip Code
 Charlotte NC 28270

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 Administrator

Receipt For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.5025

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
 monthly

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) F Murphy, Jr. Mailing Address 2824 Winding Oak Drive City State Zip Code Charlotte NC 28270 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.69		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 Transaction ID: SA11A1.5087 Amount of Each Receipt this Period 41.67 Payroll Deduction \$41.67 monthly
B. Full Name (Last, First, Middle Initial) James Olsen Mailing Address 5900 Summerston Place City State Zip Code Charlotte NC 28277 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4857 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
C. Full Name (Last, First, Middle Initial) James Olsen Mailing Address 5900 Summerston Place City State Zip Code Charlotte NC 28277 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Materials Manager Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.5044 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)

208.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

James Olsen

Mailing Address 5900 Summerston Place

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare Syst-
em

Occupation

Materials Manager

Receipt For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.5106

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

B.

Full Name (Last, First, Middle Initial)

Michael Tarwater

Mailing Address 2137 Dilworth Road East

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare Syst-
em

Occupation

CEO

Receipt For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.4672

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67
monthly

C.

Full Name (Last, First, Middle Initial)

Michael Tarwater

Mailing Address 2137 Dilworth Road East

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare Syst-
em

Occupation

CEO

Receipt For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4773

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67
monthly

SUBTOTAL of Receipts This Page (optional)

916.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) Michael Tarwater Mailing Address 2137 Dilworth Road East City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation CEO Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.01		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4833 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
B. Full Name (Last, First, Middle Initial) Michael Tarwater Mailing Address 2137 Dilworth Road East City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Executive Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.67		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Transaction ID: SA11A1.4895 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
C. Full Name (Last, First, Middle Initial) Michael Tarwater Mailing Address 2137 Dilworth Road East City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Executive Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.34		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4958 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)

1250.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) Michael Tarwater Mailing Address 2137 Dilworth Road East City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Executive Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.01			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.5020 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
B. Full Name (Last, First, Middle Initial) Michael Tarwater Mailing Address 2137 Dilworth Road East City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Executive Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.68			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 Transaction ID: SA11A1.5082 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
C. Full Name (Last, First, Middle Initial) Harrison Trammell Mailing Address 421 Canyon Trail City State Zip Code Charlotte NC 28270 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7 Transaction ID: SA11A1.4697 Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)

1083.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) Harrison Trammell Mailing Address 421 Canyon Trail City State Zip Code Charlotte NC 28270 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4785 Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly
B. Full Name (Last, First, Middle Initial) Harrison Trammell Mailing Address 421 Canyon Trail City State Zip Code Charlotte NC 28270 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4845 Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly
C. Full Name (Last, First, Middle Initial) Harrison Trammell Mailing Address 421 Canyon Trail City State Zip Code Charlotte NC 28270 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Transaction ID: SA11A1.4907 Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) Harrison Trammell Mailing Address 421 Canyon Trail City State Zip Code Charlotte NC 28270 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4970 Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly
B. Full Name (Last, First, Middle Initial) Harrison Trammell Mailing Address 421 Canyon Trail City State Zip Code Charlotte NC 28270 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.5032 Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly
C. Full Name (Last, First, Middle Initial) Harrison Trammell Mailing Address 421 Canyon Trail City State Zip Code Charlotte NC 28270 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7 Transaction ID: SA11A1.5094 Amount of Each Receipt this Period 250.00 Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A. Full Name (Last, First, Middle Initial)
Stephen Wagner, PHD

Mailing Address 4301 Morrowick Road

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Administrator

Receipt For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4846

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

B. Full Name (Last, First, Middle Initial)
Stephen Wagner, PHD

Mailing Address 4301 Morrowick Rd.

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Health Care Administrator

Receipt For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.5033

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

C. Full Name (Last, First, Middle Initial)
Stephen Wagner, PHD

Mailing Address 4301 Morrowick Rd.

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Health Care Administrator

Receipt For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.5095

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

SUBTOTAL of Receipts This Page (optional)

250.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial)
 Robert Wiggins, Jr.
 Mailing Address 6417 Seton House Lane

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Carolinas HealthCare Syst-
 em

Occupation
 CPA

Receipt For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4987

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
 monthly

B. Full Name (Last, First, Middle Initial)
 Robert Wiggins, Jr.
 Mailing Address 6417 Seton House Lane

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Carolinas HealthCare Syst-
 em

Occupation
 CPA

Receipt For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.5047

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
 monthly

C. Full Name (Last, First, Middle Initial)
 Robert Wiggins, Jr.
 Mailing Address 6417 Seton House Lane

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Carolinas HealthCare Syst-
 em

Occupation
 CPA

Receipt For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.5109

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
 monthly

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A. Full Name (Last, First, Middle Initial) Zachary Zapack Mailing Address 1800 Camden Road City Charlotte State NC Zip Code 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.67			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7 Transaction ID: SA11A1.4662 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
B. Full Name (Last, First, Middle Initial) Zachary Zapack Mailing Address 1800 Camden Road City Charlotte State NC Zip Code 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.34			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4768 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
C. Full Name (Last, First, Middle Initial) Zachary Zapack Mailing Address 1800 Camden Road City Charlotte State NC Zip Code 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Occupation Administrator Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.01			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4828 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)

1250.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A. Full Name (Last, First, Middle Initial) Zachary J Zapack Mailing Address 1800 Camden Road Suite 107, #214 City Charlotte State NC Zip Code 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Hospital Administrator Aggregate Year-to-Date ▼ 416.67		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Transaction ID: SA11A1.4890 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
B. Full Name (Last, First, Middle Initial) Zachary J Zapack Mailing Address 1800 Camden Road Suite 107, #214 City Charlotte State NC Zip Code 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Hospital Administrator Aggregate Year-to-Date ▼ 833.34		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4953 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly
C. Full Name (Last, First, Middle Initial) Zachary J Zapack Mailing Address 1800 Camden Road Suite 107, #214 City Charlotte State NC Zip Code 28203 FEC ID number of contributing federal political committee. C Name of Employer Carolinas HealthCare System Receipt For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Hospital Administrator Aggregate Year-to-Date ▼ 1250.01		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.5015 Amount of Each Receipt this Period 416.67 Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)

1250.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A. Full Name (Last, First, Middle Initial)
Zachary J Zapack

Mailing Address 1800 Camden Road
Suite 107, #214

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Hospital Administrator

Receipt For: 2007
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.5077

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67
monthly

SUBTOTAL of Receipts This Page (optional)

416.67

TOTAL This Period (last page this line number only)

18463.59

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 35

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR HARKIN

Mailing Address P O BOX 811

City
DES MOINES

State
IA

Zip Code
50304

Purpose of Disbursement
Campaign Contribution

Candidate Name
THOMAS RICHARD HARKIN

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 00

Transaction ID: SB23.4938

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Hayes for Congress

Mailing Address Post Office Box 2000

City
Concord

State
NC

Zip Code
28026

Purpose of Disbursement
Campaign Contribution

Candidate Name
Robert Cannon Hayes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 08

Transaction ID: SB23.5062

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00